



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800001

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHOOTER'S, INC.

DOING BUSINESS AS

ADDRESS 36 E. MAIN ST

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: LEWIS MARTIN, TYPE OF LICENSE: Restaurant  
LINDA D.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 2 ROOMS AND A KITCHEN. ONE HALF CELLAR AT 36 MAIN ST, AVON

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800002

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JEFFREY M. SINKIEWICZ

DOING BUSINESS AS SLAP-SHOTZ FAMILY SPORTS PUB

ADDRESS 039-43 EAST MAIN ST

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH ONE MAIN ROOM, ONE ADJOINING ROOM, KITCHEN WITH STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800003

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AVON POST #8892 V.F.W. INC.

DOING BUSINESS AS

ADDRESS 263 EAST MAIN STREET

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: PAPP, MILDRED D. TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLACK STRUCTURE, TOTAL OF 13 ROOMS ON THE ONE FLOOR, TWO OF THESE ROOMS BEING FUNCTION ROOMS WITH BAR

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800004

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AVON'S GENERATIONS, INC.

DOING BUSINESS AS GENERATIONS

ADDRESS 81 MEMORIAL DR.

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: SILVER, ADAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AND BASEMENT, 5 ROOMS ON STREET FLOOR AND OFFICES , BASEMENT FOR STORAGE. 30X60 ADDITION TO FOOD AREA. 40X50 ADDITION TO BAR AREA, FRONT ENTRANCE 30x60 addition to food area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800006

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JANET A. ASHTON-GEISS

DOING BUSINESS AS BLANCHARD'S TAVERN

ADDRESS 98 NORTH MAIN ST.

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; 5 ROOMS, TAP, BATH, LADIES, PARLOR, KITCHEN AND PREPARATION ROOM. 2ND  
FLR; 4 ROOMS, 3 PARLORS, 1 BATH. ALSO A CELLAR AND A STOREROOM

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800009

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A-1 NIVNIVA CORP.

DOING BUSINESS A A-1 MARKET

ADDRESS 85 EAST MAIN STREET

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: PATEL, PINAKIN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR VARIETY STORE WITH STORAGE IN REAR OF FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800010

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BIG JIM'S LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 155 EAST MAIN STREET

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: DONG, DONALD TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
HUNG

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN FLOOR WITH 2 ROOMS, ONE FOR STOCK AND ONE FOR STORE. 2ND FLR; 2  
ROOMS FOR STOCK. ADDITIONAL 2 ROOMS ON FIRST FLOOR AND ONE ON SECOND  
FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800011

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALAN GROUP INC

DOING BUSINESS AS AVON LINE BEER AND WINE

ADDRESS 2 MEMORIAL DRIVE

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: CURTIS, ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A BRICK ONE STORY BUILDING WITH STORAGE IN REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800012

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COSTCO ATLANTIC LIQUORS, INC.

DOING BUSINESS AS COSTCO LIQUORS

ADDRESS 120 STOCKWELL DR.

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

COLLINS, SHANNON

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLOCK WITH STEEL BLDG. PACKAGE STORE RETAIL. 2 STORAGE AREAS. 424 S/F ADDITION TO LIQUOR SALES AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800016

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AVON FOOD MART, INC

DOING BUSINESS AS

ADDRESS 17 NORTH MAIN ST

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: ELIAS, GEORGE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 700 FEET OF RETAIL SPACE. FRONT AND REAR EXITS. LOCATED IN MINI PLAZA

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800020

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AVON VARIETY INC.

DOING BUSINESS AS AVON VARIETY

ADDRESS 490 WEST MAIN ST

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: BUI, DANNY D.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1160 SQ FT THE STORE IS 40'X29'. WALK IN COOLER. THREE GROCERY AISLES SODA COOLERS, LOTTERY TABLE AND REST ROOM.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800021

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Wine.com-Massachusetts, Inc

DOING BUSINESS A Wine.com

ADDRESS 33 Wales Ave

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: Arico, Michael

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7200 sq ft, office area, warehouse, storage area and receiving dock

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 005800022

CITY OR TOWN AVON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SULAMITA FIGUEIREDO

DOING BUSINESS A MAINHA, RESTAURANT

ADDRESS 160 MEMORIAL DRIVE

CITY/TOWN: AVON

STATE: MA

ZIP CODE: 02322

MANAGER: FIGUEIREDO,  
SULAMITA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

FULL SERVICE REST. TWO DINING RMS.DR # 1 360.917 SQ. FT. WITH FRONT ENTRANCE,5  
TABLES W/BOOTH CHAIRS SEATING 22.269.417 SQ FT FOR SERVE SERVICES,HOT AND  
COLD BUFFET AREA, CASHIER, BBQ AND DESERT DISPLAY AREA .DR# 2 353.941 SQ. FT,6  
TABLES W/ BOOTH CHAIRS SEATING 24. 58.493 SQ FT OF HALLWAY LEADING TO A  
FAMILY RESTROOM AND A STORAGE AREA WITH 39.206 SQ. FT. KITCHEN AREA WITH  
252.810 SQ FT, EXIT DOOR EMPLOYEE'S RESTROOM.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

